CLAIMS ONLY

Application Number	Filing Date
10/664301	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT									
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			/		/		51						
2				/		/	52						
3				/			53						
4				/		/	54						
5				/			55						
6				/		/	56						
7				/		/	57						
8				/		/	58						
9			/		/		59						
10			/		/		60						
11			/		/		61						
12			/		/		62						
13			/		/		63						
14			/		/		64						
15			/		/		65						
16			/		/		66						
17			/		/		67						
18			/		/		68						
19			/		/		69						
20							70						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep			1		1		Total Indep						
Total Depend			17		17		Total Depend						
Total Claims			18		18		Total Claims						